

CLAIMS ONLY						Application Number 10691503	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1							
2		1						
3			1					
4				1				
5					1			
6						1		
7							1	
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49								
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Total Indep	4							
Total Depend	11	←	←	←	←	←	←	
Total Claims	15							